PSYCHOSOCIAL WELL-BEING OF ADOLESCENTS: A SOCIAL GROUP WORK INTERVENTION

Synopsis submitted to CHRIST (Deemed to be University)

as partial requirement of the award of PhD Degree in Social Work

DOCTOR OF PHILOSOPHY

IN

SOCIAL WORK

by

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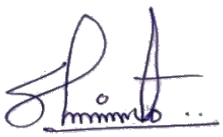

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ABSTRACT

Social work practice with children and families is one of the most challenging, skilled and rewarding areas of social work practice. Social workers believe that safeguarding children and preventing them from significant harm is a rewarding and challenging way to make a difference in the life of a child, which involves the corporation, consultation and collaboration of many people working effectively together. The absence of data on adolescents, as highlighted by the United Nations' data disaggregation against the goal of "no one left behind," needs research on the "second decade." Furthermore, because India has the world's largest adolescent population, studies and policies aimed at developing adolescents' competencies are critical to the country's development; interventions aimed at instilling confidence in underprivileged adolescents to strive for a better future are critical for mitigating inequity. Adolescents from disadvantaged families and whose parents are no longer able to provide adequate care to children are having various psychosocial problems, high risk of violence, exploitation, abuse and neglect and their psychosocial well-being is often insufficiently monitored. This intervention study adopted a quasi-interventional design to measure the effectiveness of social group work in raising the psychological well-being, self-esteem and social competence of adolescents in child sponsorship programs. Social group work intervention with 20 sessions was designed in response to the information garnered through the pilot study and administered to the intervention group (n=20). Conducted pre-test and post-test for both intervention group and control group (n=20) and two follow up tests in three months' intervals for the intervention group (n=20) using 42 item version of Ryff's scale for psychological well-being, Rosenberg's 10 item self-esteem scale and 54 items A-COPE scale; and data analyzed using SPSS. Comparison between pre and post measurements carried out using paired sample t-test for the intervention group and control group separately, gave out a p value < 0.05 for the intervention group and, > 0. 05 for the control group. Thus, it was proved that the psychological well-being, self-esteem and social competence of participants in the intervention group were raised significantly due to the social group work intervention. Applying refined granularity, this research adds data specifically on adolescents enrolled in child sponsorship programs and sets a blueprint for social group work to raise their psychological well-being, self-esteem and social competence. Proposing a conceptual framework for child sponsorship programs, this study recommends the need

for operational tie-ups, sustained youth support, training of trainers (ToT) for community animators, preparing individual care plans and training to school social workers and the need of starting walk-in counselling centres and mentoring services. Furthermore, this study suggests additional research in all aspects of its operation, as well as interventions at the group, family, and community levels, for the well-being and empowerment of marginalised adolescents.

Keywords: *Intervention research, social group work, marginalized adolescents, psychological well-being, self-esteem, social competence, empowerment*

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Introduction and Review of Literature

In recent decades, the issues about children's and adolescents are in rising especially in a country like India having about 30% of the adolescent population. There should be a systematic support mechanism both formal and informal, institutional and non-institutional supports especially the children from poor socio-economic backgrounds and children from disadvantaged families. Children who grew up in difficult circumstances will have a higher risk of poor health, learning difficulties, behavioural, social and emotional problems. A psychosocial risk among children refers to the presence of factors such as poorer family functioning, parental symptoms, parenting stress, harsh parenting and family conflict (Derauf, et al., 2011).

The recent studies show that socio-demographic and psychosocial risk factors are individually or cumulatively associated with socio-emotional or behavioural problems within low-income populations of young children (Weitzman, Edmonds, Davagnino, & Briggs-Gowan, 2014). There is substantial evidence that low income leads to poorer outcomes for children (Treanor, 2016). Literature also shows that low socio-economic family background is linked to poorer social, emotional and behavioural well-being for children, the consequences which are felt in childhood through adolescence and into adulthood. Economically, socially, and emotionally disadvantage often co-exists with risk factors and it affects the overall well-being of the individual. It has also been observed that there is toxic stress among children living in poverty and it affects the child's overall well-being (Cox et al., 2018; Roelen et al., 2017). Hence, there should be innovative strategies for preventing stress among children from vulnerable situations. Recent studies on marginalized youth show that they experience poverty, exploitation, abuse, discrimination and addiction which can lead to negative health outcomes and risky behaviours (Woodgate, Morakinyo, & Martin, 2017). The interventions help the adolescents and youth to prepare for the transition to adulthood and to face the stressful life events which occur in their day to day life.

Parental figures are typically considered to be the most significant and influential figures in a child's development. Hence, the child family environment is very important in promoting the psychosocial development of the children. But, among the disadvantaged families, some children live with both parents, some with one parent, some children live with foster carers, some children live with grandparents, some

children’s parents are divorced or separated, there are children whose parents are addicted to drugs etc. Here the social workers' prime focus is on child's welfare.

A whopping 40 percent of Indian children are either at risk of or are already in difficult situations, such as being orphans or abandoned, forced into labour, abused/trafficked as children, living on the streets, or being vulnerable to abuse. This does not even include children who have committed crimes and are in legal trouble as a result of their circumstances. Because of this, the survival, growth, development, and safeguarding of such vast populations require special care and emphasis (Ministry of women and child development, 2011).

Although there are ample provisions to support children, children in certain epi-centres face various difficulties that affect their growth and development. Children require chances to grow and develop physically, socially, emotionally, and cognitively. The environment has to be stimulating and nurturing. Children and adolescents are reliant on others and require care for their well-being and growth. The family and society must provide for their necessities such as food, shelter, clothes, health care, and education. Children should be protected from abuse and so require protection. Psychosocial care for these children is necessary to guarantee their psychological and social development and to enhance protective elements such as the family and school system, therefore reducing the detrimental effects of tough situations (WHO, 2001).

Psychosocial Problems

During adolescence, the number and severity of stressors increases. Numerous factors contribute to the escalation of these issues. Problems such as social problems, economic problems, dysfunctional families, education-related problems among children, poor parenting etc. A growing body of literature also explains that there is an association between mental health challenges and life transition in adolescents (Lane, Leibert, &Goka-Dubose, 2017). Recent studies have identified 10-25% of adolescents have one or more psychosocial problems (Jager et al., 2017) and these problems are characterized by a repetitive and persistent pattern of antisocial and rule-breaking behaviour (Bakker, Greven, Buitelaar, & Glennon, 2017). Recent studies also claim that ineffective, inadequate or inappropriate treatment of children with behavioural problems relates to serious negative consequences, including school dropout, drug abuse, runaway

problems, and conflict within the home and may tend to become part of anti-social groups (Kilmer, Cook, & Munsell, 2010).

Psycho-Social Skills and Well-being

Psychosocial skills are important for success in everyday life wherever it is; in school, family, community or even at work. There is still much more work to be done in the area of identifying, measuring and training psychosocial skills. Improvements in each of these areas can, and should, lead to important benefits for children and society as a whole.

Gresham et al. (2006) as cited in McDaniel, Bruhn, & Troughton, (2017) Social skills are a collection of abilities that help people establish and sustain good social interactions, contribute to the acceptance of their peers and the formation of friendships, and help them adjust well to school. Social skills are a way of improving behavioural and social outcomes for all children. McDaniel, Bruhn, & Troughton (2017), Segrin, (1993), Gresham (2016), all state that Children and youth with deficits in social competence will have certain psychosocial issues and present substantial challenges for schools, teachers, parents and peers and also show problematic interaction with other people.

Philosophical assumptions

It developed interventional research to improve the psycho-social well-being of a socially disadvantaged group of adolescents from low-income households, utilising a transformational world view (Mertens, 2008; Creswell & Creswell, 2017). A transformational paradigm promotes change in people' lives by addressing particular problems such as inequity, oppression, and alienation. The main focus of this research was social stratification, which was shown to be sustaining teenagers' poor psychosocial well-being. The social group work intervention was designed to improve participants' psychosocial well-being and make them feel equal to their peers from more affluent socioeconomic strata.

Theoretical framework

To theoretically conceptualise an intervention research work, there are two stages: the formulation of a problem theory and the formulation of a programme theory (Fraser and

Galinsky, 2010). The definition of a problem theory offers a clear knowledge of the psycho-social circumstances that lead to challenges, while the definition of a programme theory supports the intervention to attain the desired result. Following the person-in-environment approach (Hare, 2004; Weiss-Gal, 2008), this research investigated the psycho-social difficulties of adolescents that are exacerbated by their low-income family environment. This study is also guided by various theories and models such as ecological theory (Uri Bronfenbrenner, 1974), psychosocial developmental theory (Erick Erickson, 1994), Self-esteem theory (Rosenberg, 1965) and Psychological wellbeing (Ryff, 1995).

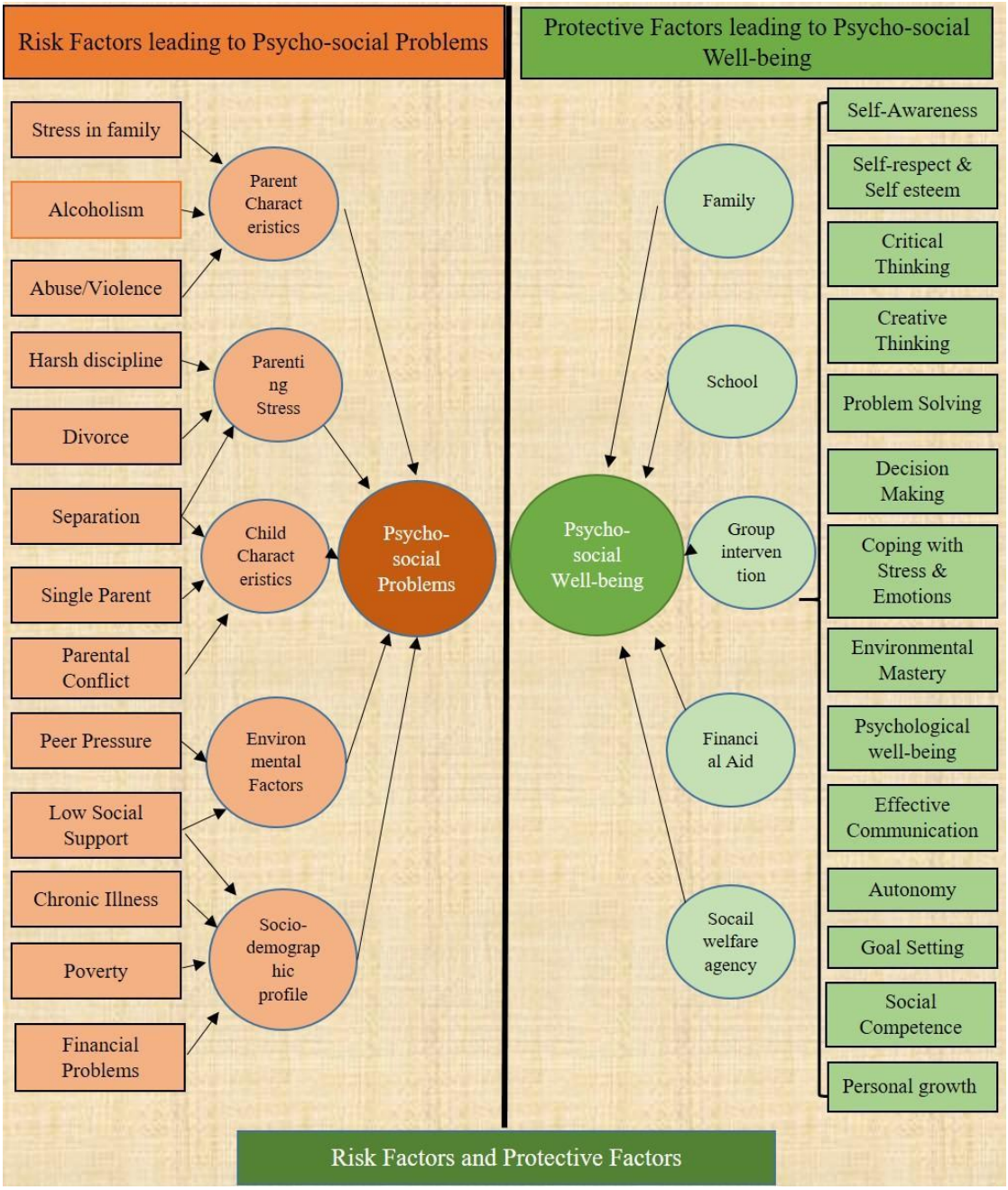
Significance of the study

Most of the studies conducted on child sponsorship in Kerala are to measure the effectiveness of the sponsorship programme. Intervention investigations addressing to promote psychosocial well-being among children from disadvantaged families are less. The existing literature and previous studies suggest that furthermore research is needed among the adolescents from disadvantaged groups, low socioeconomic status to address the psycho-social problems faced by this group (Watson & Clarke, 2014; Treanor, 2016; Schilling, 1987; Burrus et al., 2018; Wydick, Glewwe, & Rutledge, 2013).

There are multiple reasons why child sponsorship programme should dedicate their finite resources to the psychosocial skill development of children. Many sponsorship programmes give more emphasis to the relief of external constraints such as access to health care, nutrition, schooling etc. but very minimum attention is given to the internal constraints such as self-esteem, well-being, social competence of the child. While there have been some anecdotal assessments of the effectiveness of these programs, there has never been any systematic intervention research conducted in this programme and developed any standardized model for this particular project.

Figure 1

Risk factors and protective factors

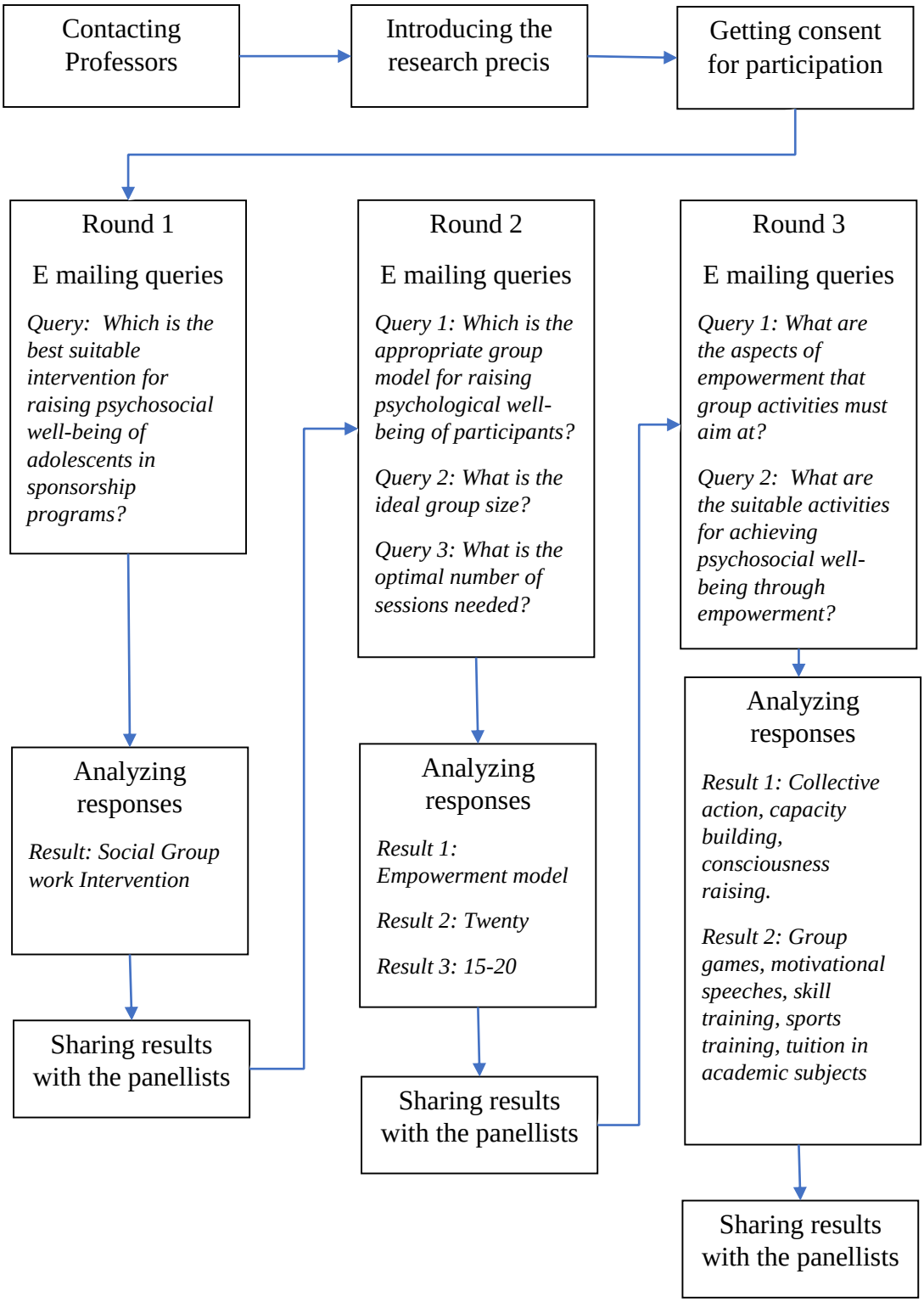


Preliminary Study / Delphi survey

Secondary data was garnered from the selected child sponsorship program centre records that revealed poor academic performance, behaviour problems, and issue coping with the family of registered adolescents. Based on the conclusion drawn from the preliminary study, developed questionnaires and conducted a 'Delphi survey' among selected social work professors in South India.

Figure 2

Delphi survey process


Contacting Professors
Introducing the research precis
Getting consent for participation
Round 1
E mailing queries
Query: Which is the best suitable intervention for raising psychosocial well-being of adolescents in sponsorship programs?
Analyzing responses
Result: Social Group work Intervention
Sharing results with the panellists
Round 2
E mailing queries
Query 1: Which is the appropriate group model for raising psychological well-being of participants?
Query 2: What is the ideal group size?
Query 3: What is the optimal number of sessions needed?
Analyzing responses
Result 1: Empowerment model
Result 2: Twenty
Result 3: 15-20
Sharing results with the panellists
Round 3
E mailing queries
Query 1: What are the aspects of empowerment that group activities must aim at?
Query 2: What are the suitable activities for achieving psychosocial well-being through empowerment?
Analyzing responses
Result 1: Collective action, capacity building, consciousness raising.
Result 2: Group games, motivational speeches, skill training, sports training, tuition in academic subjects
Sharing results with the panellists

Objectives

General objective

- To assess the effectiveness of social group work intervention on the psycho-social well-being of adolescents from disadvantaged families.

Specific objectives

- To understand the background of adolescents from disadvantaged families.
- To assess the well-being of adolescents from disadvantaged family.
- To assess the self-esteem of adolescents from disadvantaged family.
- To assess the social competenceof adolescents from disadvantaged family.
- To design a social group work intervention programme for the psychosocial well-being of adolescents from disadvantaged families based on the pre-assessment results.
- To implement the intervention programme with the interventional group after the validation of the intervention programme
- To assess the effectiveness of the social group intervention programme on the psycho-social well-being of adolescents in terms of well-being, self-esteem and social competence.
- To provide the intervention programme for the control group immediately after the intervention with the intervention group

Hypothesis

There is an association between socio-demographic variables and well-being, self-esteem and social competence of the adolescents.

The adolescents who are exposed to the social group work intervention programme will have a higher score of well-being.

The adolescents who are exposed to the social group work intervention programme will have a higher score of self-esteem.

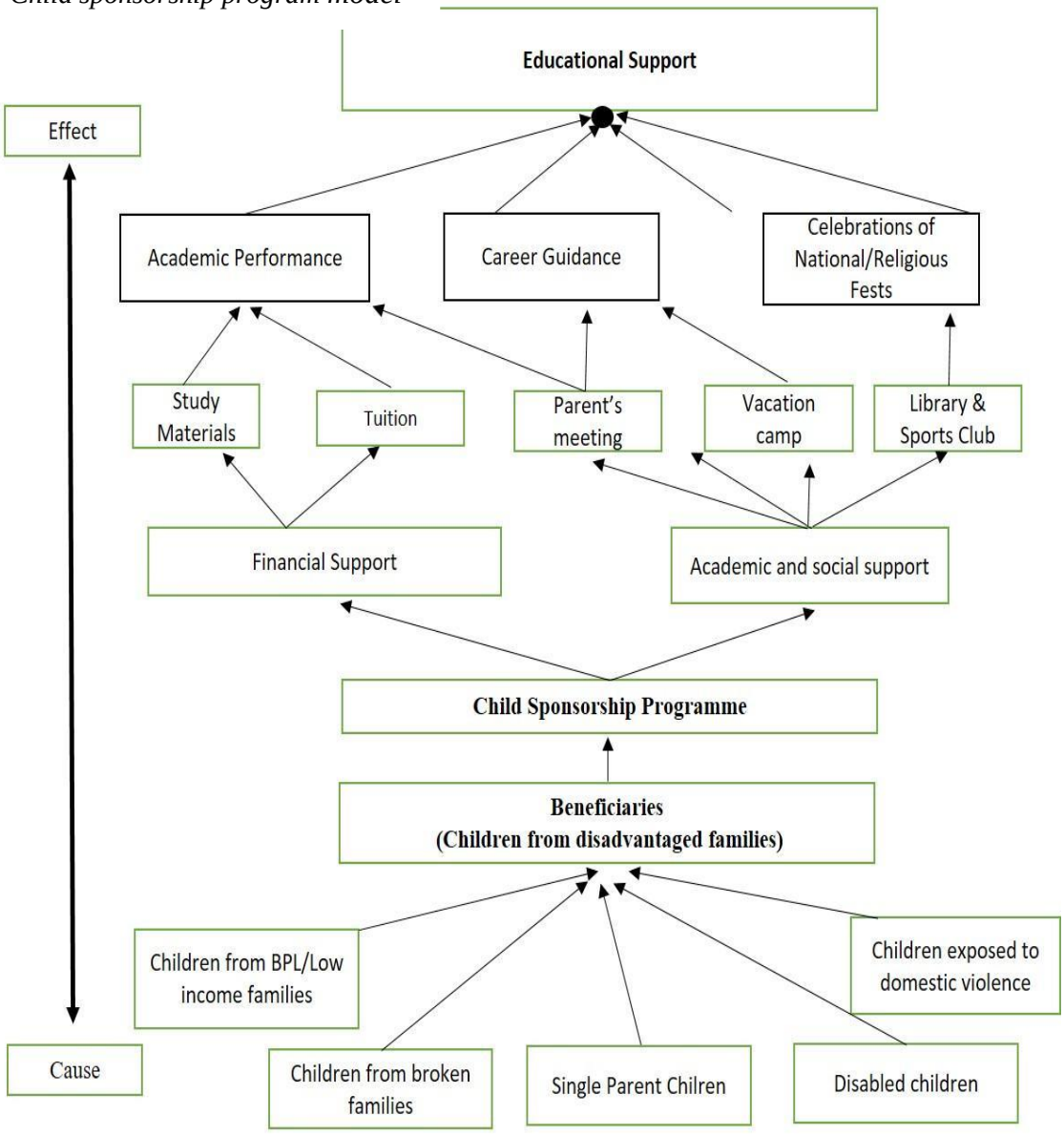
The adolescents who are exposed to the social group work intervention programme will have a higher score of social competence.

Area of Study

This study was conducted in a child sponsorship program offered by a non-governmental organization in Ernakulam district, Kerala. Across the state of Kerala, there are 30 CSP centres under this organization, which mainly provide economic support to children (11-18 years) from lower socio-economic strata, and promote studies and services aiming at uplifting marginalized children. Currently, there are 2,862 children enrolled with this organization, and among them, 1,086 belong to the the13-16 years' age group.

Figure 3

Child sponsorship program model



Methodology

Research Design

The current study was conducted to determine the effectiveness of a psycho-social group work intervention for the children of a sponsorship programme, and the outcome was measured before and after the intervention on both intervention and control groups. For this study, a quasi-interventional research design with pre-test-post-test with a control group was used. The shorthand notation for this design is:

E → Y1 → X → Y2

C → Y1 → Non-X → Y2

The notation of Y1 and Y2 refers to the measurement dependent variable before and after the introduction of stimulus.

Where;

X = Independent Variable (Intervention)

Y1 = Dependent Variable before the introduction of X (Pre-test) (adolescent well-being, self-esteem and social competence)

Y2 = Dependent Variable after introduction of X (Post-test)

E = Interventional Group

C = Control group

To carry out this study, a group of children enrolled in a child sponsorship programme were chosen for a psycho-social group work intervention, and a non-equivalent group was found for comparison. The pre-test measurement of wellbeing, self-esteem and social competence in two groups prior to the introduction of the intervention (independent variable) was conducted to ensure that they are truly equivalent to the dependent variable. Following the test, a group work intervention was implemented. The intervention's effects on children were evaluated after it was completed. Based on the finding of a significant increase in the children's psychosocial scores, it is possible to conclude that the change in score is due to the intervention.

Sampling

Universe: The universe of the study is all the adolescents who enrolled in the RajagirioutREACH child sponsorship program who was studying in 8th and 9th standard between the ages of 13 to 16 years.

Population: All adolescents from the selected two centres who were studying in 8th and 9th standard between the ages of 13 to 16 years.

Sample: 20 adolescents for both intervention group and control group selected with inclusion and exclusion criteria.

Unit: The unit of the study is one adolescent who was enrolled on the RajagirioutREACH child sponsorship program between the ages of 13 to 16 years from the selected centre.

Selection of the centres

Using inclusion and exclusion criteria, a simple random sampling method was employed to choose one centre out of 16 centres. The centres with fewer than 30 children in the 8th and 9th classes were excluded from the selection process, while those with more than 30 children in the 8th and 9th classes were included. After utilising inclusion and exclusion criteria to narrow down the list of eligible centres, one was chosen at random for the intervention study.

Selection of adolescents for the intervention and the control group: Pre-assessment of the tool supported to identify 20 adolescents for the intervention group and control group, who were disadvantaged and scored low in wellbeing, self-esteem and social competence. The purpose of a control group of adolescents was to find out the effectiveness of intervention and to find out the supportive factors contributing to the psycho-social well-being of adolescents.

Inclusion Criteria

- Adolescents who were part of the sponsorship programme
- Adolescents who were scored low in the pre-test.
- Regular to the centres
- Studying from 8thand 9th standard between the age of 13 to 16 years

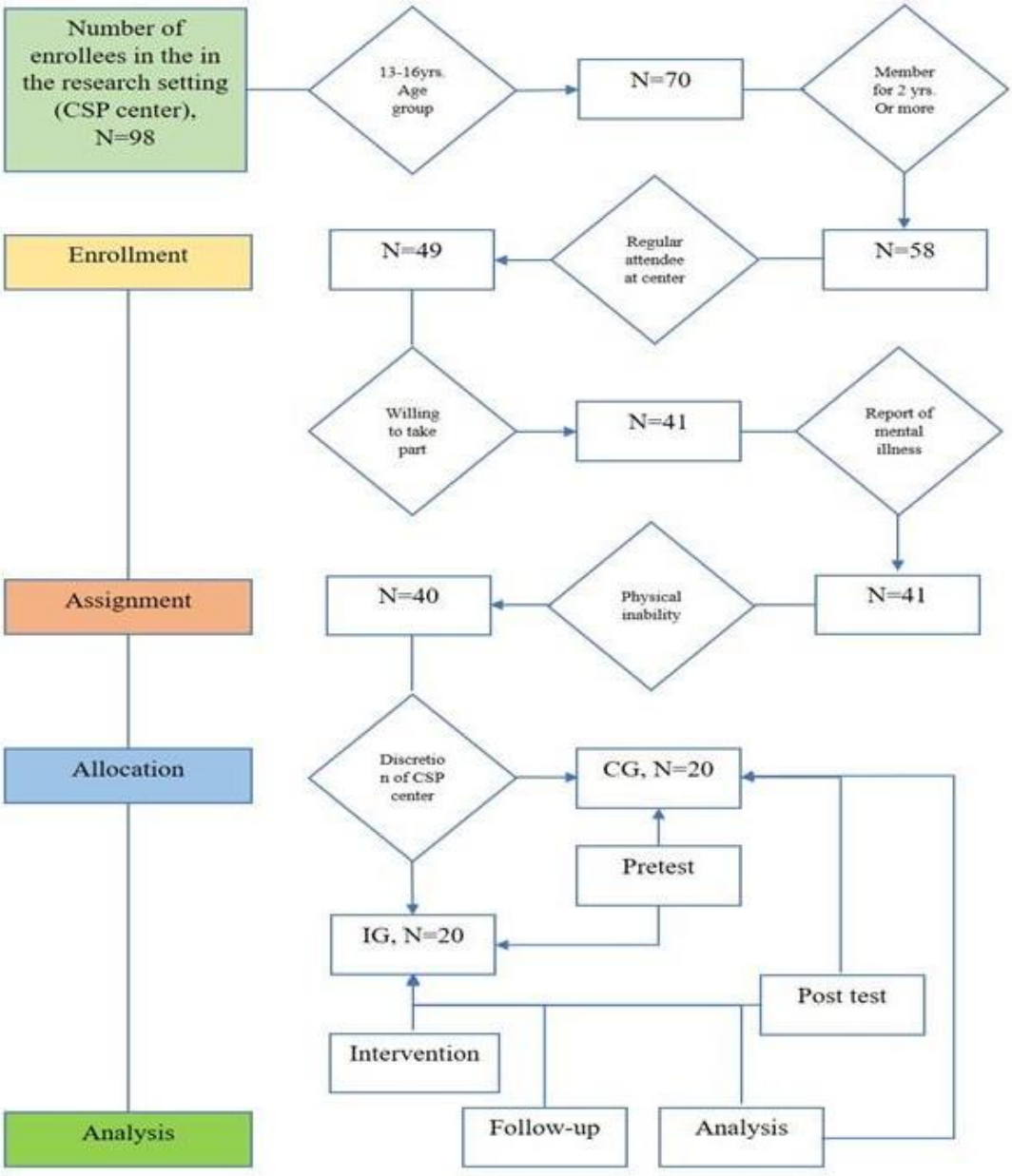
- Belong to BPL families
- No report of mental illness /physical inability to involve in activities.
- Who was willing to participate in all intervention sessions
- Enrolment for a minimum 2 year

Exclusion Criteria

- Who had a history of any current psychiatric illness
- Who were enrolled for the sponsorship programme recently

Figure 4

Participant flow chart



Social group work intervention

A social work intervention entails designing, testing, refining, administering, evaluating, and disseminating a customized package. In this study, we designed a social group work intervention in response to the concerns and needs to be assessed through the preliminary study among the selected adolescents enrolled in the child sponsorship program, their families, and the sponsoring agency. The specifically designed social group work intervention was administered to the intervention group.

Purpose

The primary purpose of the social group work intervention was 'enhancement of psycho-social well-being of group members.' The expected secondary outcomes of the intervention were set as improved i) personal competence, ii) academic competence, and iii) psychological competence, iv) social competence of participants, bearing in mind the fact that the group objectives and activities "must be compatible with the mission and purpose of the sponsoring organization".

Duration

This social group work intervention was carried out in 20 sessions with a duration of one hour/session, for three months.

Group model

Placing the locus of intervention at psycho-social upliftment of adolescents from lower socio-economic strata, selected the empowerment model of social groups.

Role of the group worker: The role of a group worker in this model program involves facilitating interaction among the adolescents, helping them learn from one another, assist them in establishing psycho-social well-being for their holistic development. The group worker provided psycho-social skill training which covered the components of wellbeing, social competence, and self-esteem. Also, evaluate and follow up on their leanings from the involvement in the group activities and its practice in this challenging society.

Outcome mapping of intervention

This analysis proved the effectiveness of social group work intervention in advancing the psychological well-being and coping strategies of adolescents enrolled in educational sponsorship programs. Figure 5 and 6 illustrates the mapping effects and outcome of this intervention group.

Figure 5

Conceptualization of adolescent coping strategies

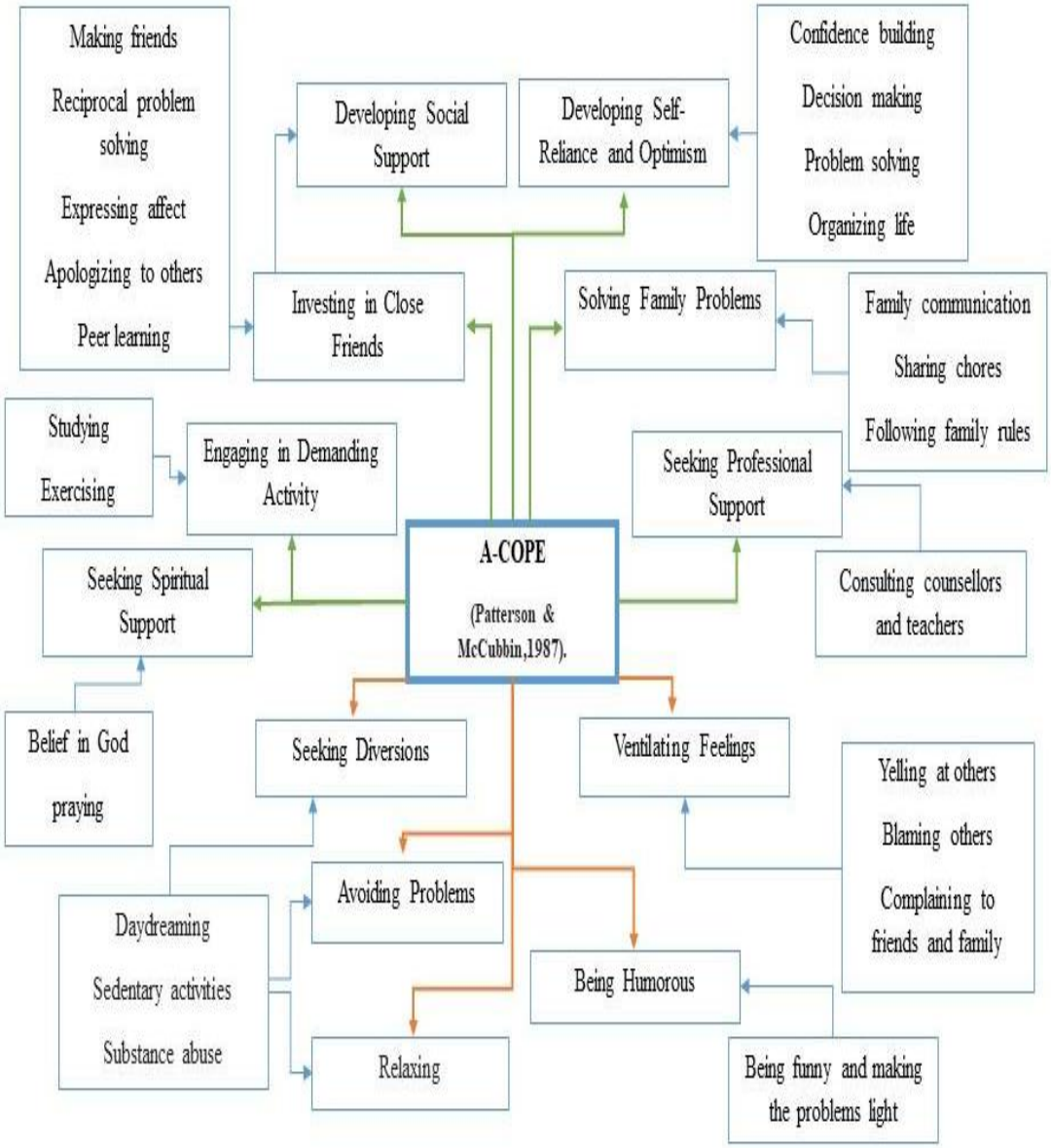
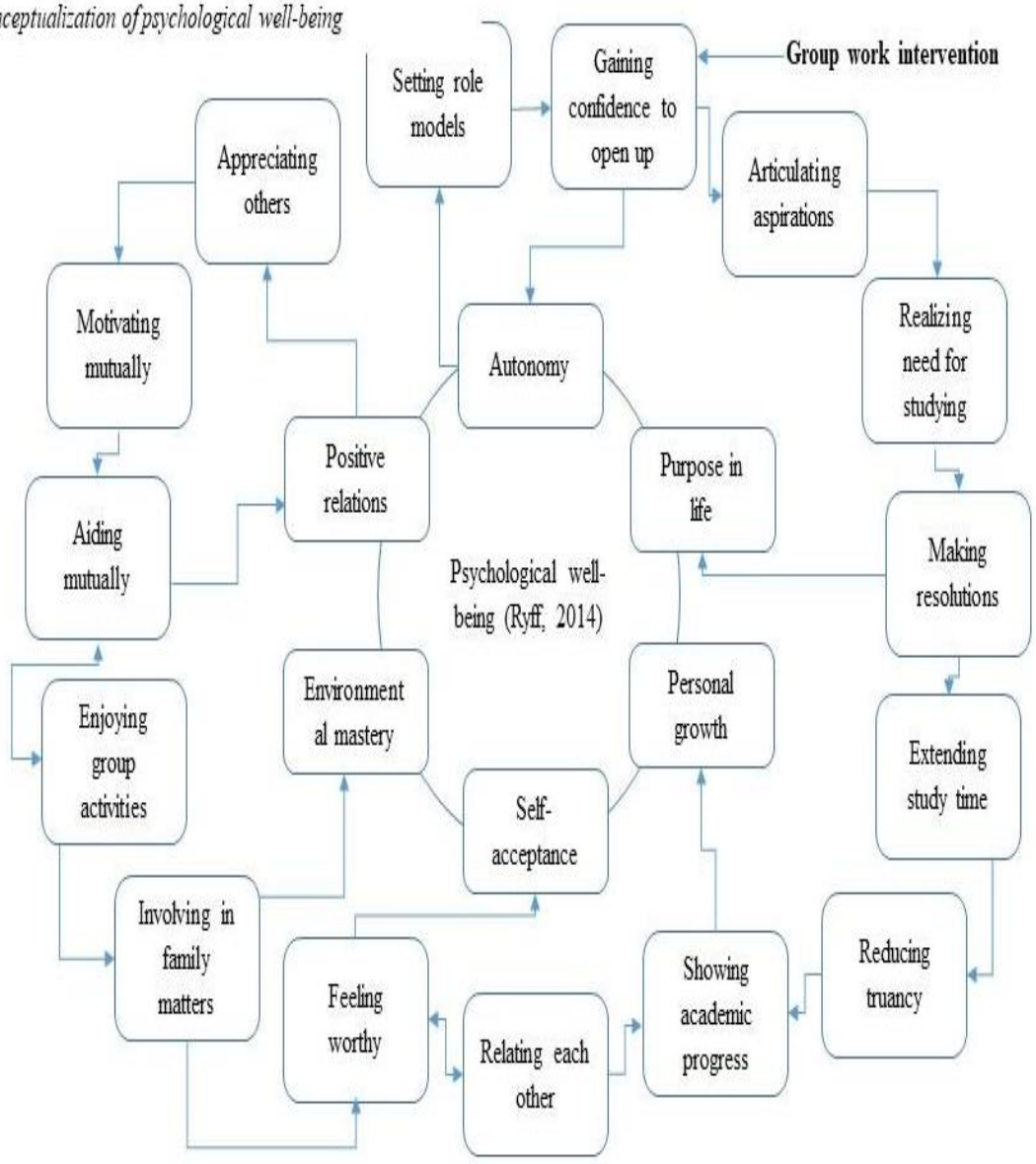


Figure 6

Conceptualization of psychological well-being



Stages of group formation

Formation of the group: This stage can be seen in steps 1 and 2 of the model and involves making the adolescents aware of the program, the importance of screening and selection of adolescent girls as group members, and briefing the plan, goal and group ethics.

Initial stage: It includes orientation and expectations of the group, understanding the expectations of the adolescents through the first two steps and finalization of the model program in step 3.

Transition stage: This stage is included at the beginning of step 4 of the model program. This is quite a difficult phase where adolescents deal with their anxiety, resistance, and conflict. The Group worker can help them to deal with their limitations.

Working stage: During this stage in the middle and final phases of step 4 of the model program, adolescents develop greater cohesiveness; feel a sense of belonging to the group. It also involves a wide exploration of issues and also they strongly focus on bringing desirable changes in behaviour through the involvement in the psycho-social wellbeing exercises related to the broad areas of adolescents.

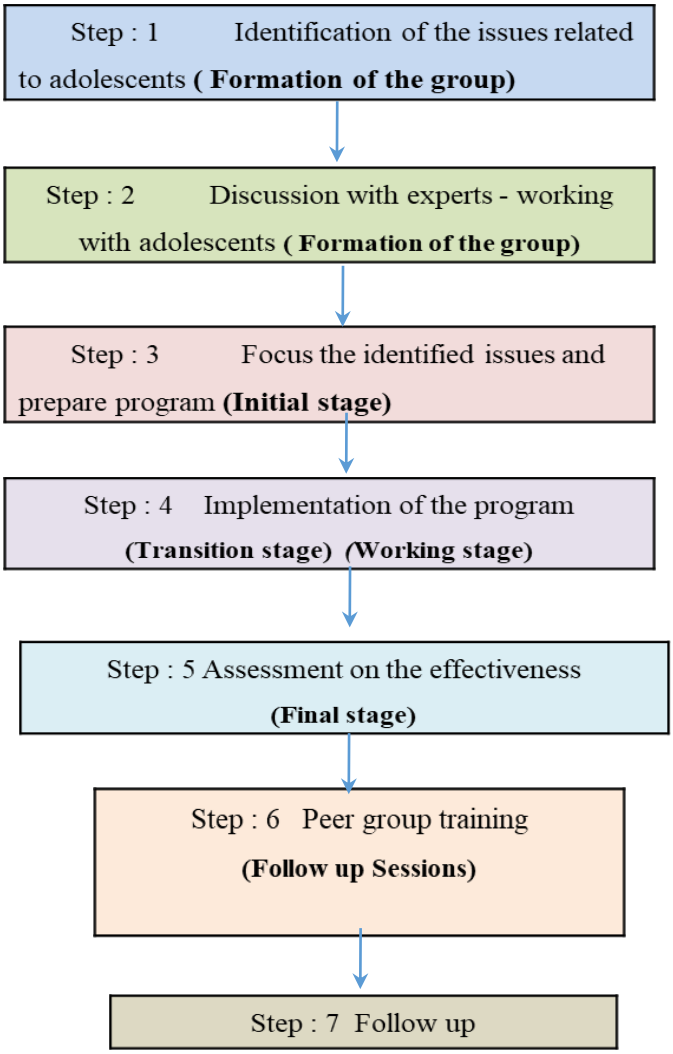
Final stage: In this stage, summarization and integrating the group experience is seen in step 5 of the model program. During the assessment phase of stage five, adolescents would also provide information about their insights and learning in the group and how they are going to put it into action in their life situations.

Follow up Sessions: This stage can be referred to in steps 6 and 7 are while discussing peer group training and follow-ups. Involvement with the peer group educators contributes more to maintaining the positive outcome of the psycho-social well-being of the adolescents. The follow-up results would be communicating adolescents' aspirations and their determinations to achieve psycho-social well-being for a better living in this society.

Social group work will provide the adolescents with a comfortable environment for sharing experiences and learning.

Figure 7

Formation of the group


Step : 1 Identification of the issues related to adolescents (Formation of the group)
Step : 2 Discussion with experts - working with adolescents (Formation of the group)
Step : 3 Focus the identified issues and prepare program (Initial stage)
Step : 4 Implementation of the program (Transition stage) (Working stage)
Step : 5 Assessment on the effectiveness (Final stage)
Step : 6 Peer group training (Follow up Sessions)
Step : 7 Follow up

Statistical design

The data were analyzed using SPSS version 20 software.

Tools of Data-Collection

The researcher used the following tools for data collection. In this research self-prepared questionnaire was used to collect the information on socio-demographic details. The standardized scales were used as a tool for data collection. The scales used for the research were; Rosenberg (1965) Self-esteem scale, Ryff's (1989) Psychological Well-

being scale and Adolescent Coping Orientation for Problem Experiences (A-COPE, 1991) Scale.

Ethical considerations

- This study was approved by the Center for Research of the CHRIST (Deemed to be) University, Bengaluru, which constitutes the Institutional Review Board/Ethics Committee that approved this study, (approval number: CU: RCEC/00037/l/19).
- This trial is registered at the Centre for Research/IRB of CHRIST (Deemed to be) University. The trial registration number is; CU.CFR.PhD.CWCL.REG.No.1730087.2017.
- The Child Sponsorship Program (CSP) of RajagiriOutREACH gave consent to conduct this study and the same was approved by the Institutional Review Board/Ethics Committee of CHRIST (Deemed to be) University.
- Carefully considered possible consequences, consult with concerned authorities and followed the guidelines for the protection of the respondents.
- Respondents were informed in detail regarding the purpose of the study and written consent was obtained before the study.
- Participants were informed about their rights to withdraw from the research at any time without giving any reason.
- Protected all respondents from unwarranted physical or mental distress, harm, danger, or deprivation.
- Ensured the anonymity and confidentiality of the respondents, information collected used only for research purposes and report accurate findings only.
- According to the Declaration of Ethics for Professional Social Workers TISS, the researcher considered respondents as co-partner in understanding the research study and shared interpretation of the findings with them. The control group also received the intervention programme.

Results

Table 1

Socio-demographic profile of participants

		Experiment group participants		Control group participants	
		n:20	%	n:20	%
Age	13	6	30.0	6	30.0
	14	10	50.0	8	40.0
	15	4	20.0	4	20.0
	16	0	000.0	2	10.0
Gender	Male	11	55.0	7	35.0
	Female	9	45.0	13	65.0
Family type	Nuclear	16	80.0	14	70.0
	Joint	4	20.0	6	30.0
Religion	Hindu	10	50.0	11	55.0
	Christian	8	40.0	9	45.0
	Muslim	2	10.0	0	000.0
Caste	SC	9	45.0	7	35.0
	OBC	3	15.0	9	45.0
	General	8	40.0	4	20.0
Financial condition	APL	0	0.00	0	0.00
	BPL	20	100.0	20	100.0
Class studying	8^{th} Std.	9	45.0	10	50.0
	9^{th} Std.	11	55.0	10	50.0
School type	Private	0	000.0	0	000.0
	Govt.	20	100.0	20	100.0
Sponsorship	Yes	20	100.0	20	100.0
	No	0	000.0	0	000.0
Parents' marital status	Married	17	85.0	19	95.0
	Divorced	3	15.0	1	5.0
	Separated	0	000.0	0	000.0
Fathers' education	Lower primary	0	000.0	0	000.0
	Upper primary	2	10.0	1	5.0
	High School	12	60.0	16	80.0
	Pre-degree	5	25.0	3	15.0
	Degree		5.0	0	000.0
	Post-graduation	0	000.0	0	000.0
Mothers' education	Lower primary	0	000.0	0	000.0
	Upper primary	1	5.0	2	10.0
	High School	12	60.0	15	75.0
	Pre-degree	5	25.0	3	15.0
	Degree	2	10.0	0	000.0
	Post-graduation	0	000.0	0	000.0

Table 1 presents the socio-demographic characteristics of the participants. All 40 participants from both the intervention (n=20) and comparison (n=20) groups met the

criteria to be included in the study. As shown in table 1, there is no significant group difference among the participants in terms of age, type of family, religion etc. All the participants both in the intervention (100%) and comparison (100%) groups did their education in a government school and all of them belong to below poverty line (BPL) families. All the participants both in intervention and control groups (100%) were getting educational financial aid from the agency.

Socio-demographic variables are a very important factor in determining the psychosocial well-being of adolescence. Socio-demographic variables like family income, family type, religion and caste, the financial condition of the family, parent's marital status and parent's education have either positive or negative influences on the setting in which children and adolescents spend their lives. Housing, neighbourhoods, schools, and the social opportunities that are linked to them are largely controlled by income; a family's income and employment status decide its access to health care services and strongly influence the quality of those services. Opportunities for advanced education and training and entry into the workforce are also closely linked to family income. On a more fundamental level, income is a powerful influence in shaping that most important of settings, the family.

A major strength of this intervention program is the protective factors associated with adolescents from disadvantaged families. The risk factors such as low income, separation and marital issues, lack of good education, and alcoholism are prevalent in disadvantaged families and communities. Hence, the empowerment model of group work intervention and operational collaborations with other stakeholders will help to improve the well-being of adolescents from low socioeconomically vulnerable families.

Table 2

Mean difference between the pre-test experiment group and pre-test control group participants in the measure of psychological well-being, self-esteem and adolescent coping strategies.

Psychological well-being		**Mean**	**Std**	***t***	***p***
Psychological well-being	Pre- Experiment	87.95	9.406	1.468	.158
	Pre-control	85.75	7.196		
Self-esteem	Pre- Experiment	13.40	3.691	.900	.379
	Pre-control	14.15	1.137		
Adolescent coping strategies	Pre- Experiment	114.55	9.093	.639	.531
	Pre-control	115.30	6.105		

Table 2 represents the mean difference between pre-test intervention group and pre-test control group participants in the measure of psychological well-being, self-esteem and adolescent coping strategies. There was no significant difference in the scores of psychological well-being of pre-intervention group (M = 87.95, SD = 9.406) and pre-control group (M= 85.75, SD = 7.196) conditions, $t(19) = 1.468$, $p < 0.0005$; self-esteem of pre-intervention group (M = 13.40, SD =3.691) and pre-control group (M= 14.15, SD = 1.137) conditions $t(19) = .900$, $p < 0.0005$; and adolescent coping strategies of pre-intervention group (M = 114.55, SD = 9.093) and pre-control group (M = 115.30, SD = 6.105) conditions $t(19) = .639$, $p < 0.0005$. It has been inferred that both pre-test intervention group and pre-test control group participants have possessed similar (have not much difference in mean score) level of psychological well-being, self-esteem and adolescent coping strategies at pre intervention.

Table 3

Mean difference between Pre-test experiment group and Immediate post-test experiment group participants in the measure of various dimensions of psychological well-being

Psychological well-being		**Mean**	**Std**	***t***	***p***
Autonomy	Pre-Experiment	14.50	1.762	57.554	.000
	Post-Experiment	37.55	.887		
Environmental mastery	Pre-Experiment	14.65	1.954	46.301	.000
	Post-Experiment	37.50	.889		
Personal growth	Pre-Experiment	14.50	2.373	39.750	.000
	Post-Experiment	39.05	1.504		
Positive relations	Pre-Experiment	14.95	2.012	45.911	.000
	Post-Experiment	38.80	1.281		
Purpose in life	Pre-Experiment	14.85	2.110	46.402	.000
	Post-Experiment	39.45	1.146		
Self-acceptance	Pre-Experiment	14.50	2.306	33.424	.000
	Post-Experiment	38.70	1.490		
Psychological well-being	Pre-Experiment	87.95	9.406	60.219	.000
	Post-Experiment	231.05	4.224		

Table 3 shows the mean difference between pre-test and post-test intervention group participants in all the six dimensions of the of psychological well-being. The paired sample t-tests were conducted against the null hypothesis, H(o): There is no significant difference between the PWB levels of participants before and after the intervention; and alternative hypothesis, H(a): There is a significant difference between the PWB levels of participants before and after the intervention. The test results shows that there is significant difference in all the six dimensions and overall psychological well-being before the intervention (M= 87.95, SD = 9.406) post intervention (M= 231.05, SD = 4.224) conditions, $t(19) = 60.219$, $p < 0.0005$. The p value obtained was <0.05 for all the six dimensions of psychological well-being and the total psychological well-being. Therefore, the null hypothesis was rejected and the alternative hypothesis was accepted.

Table 4

Mean difference between Pre-test experiment group and Immediate post-test experiment group participants in the measure of self-esteem.

Uni-dimensional		**Mean**	**Std**	**t**	**p**
Self-esteem	Pre-Experiment	13.40	3.691	28.979	.000
	Post-Experiment	39.20	1.152		

Table 4 shows the mean difference between pre-test and post-test intervention group participants of self-esteem. The paired sample t-tests were conducted against the null hypothesis, H(o): There is no significant difference between the self-esteem of participants before and after the intervention; and alternative hypothesis, H(a): There is a significant difference between the self-esteem levels of participants before and after the intervention. The test results shows that there is significant difference in self-esteem before the intervention (M= 13.40, SD = 3.691) and after the intervention (M= 39.20, SD = 1.152) conditions, $t(19) = 28.979$, $p < 0.0005$. It has been inferred that participants who have received the social group work intervention have reported higher self-esteem than participants who have not received the intervention. The p value obtained was <0.05 for the self-esteem of the participants. Therefore, the null hypothesis was rejected and the alternative hypothesis was accepted.

Table 5

Mean difference between pre-test experiment and immediate post-test experiment group participants in the measure of various subscales of adolescent coping strategies

Sub-scales of A-Cope		Mean	Std	t	p
Ventilating feelings	Pre-Experiment	14. 45	1.468	20.239	.000
	Post-Experiment	21.85	.813		
Seeking diversions	Pre-Experiment	22.30	1.838	35.764	.000
	Post-Experiment	37.00	1.170		
Develops Self-reliance & optimism	Pre-Experiment	9.05	1.820	49.401	.000
	Post-Experiment	29.45	.759		
Develops Social support	Pre-Experiment	10.05	1.849	43.548	.000
	Post-Experiment	28.60	.940		
Solving family problems	Pre-Experiment	9.70	2.130	39.762	.000
	Post-Experiment	29.45	.605		
Avoiding problems	Pre-Experiment	17.15	1.694	20.388	.000
	Post-Experiment	24.85	.366		
Seeking spiritual support	Pre-Experiment	7.20	.951	15.227	.000
	Post-Experiment	12.05	.999		
Investing in close friends	Pre-Experiment	4.35	1.040	19.456	.000
	Post-Experiment	9.65	.489		
Seeking professional support	Pre-Experiment	2.70	.657	38.631	.000
	Post-Experiment	9.90	.308		
Engaging in demanding activity	Pre-Experiment	6.30	1.525	25.246	.000
	Post-Experiment	18.60	.821		
Being humorous	Pre-Experiment	3.35	.875	12.704	.000
	Post-Experiment	6.25	.786		
Relaxing	Pre-Experiment	7.95	1.572	13.591	.000
	Post-Experiment	13.75	1.293		
Adolescent coping strategies	Pre-Experiment	114.55	9.093	60.212	.000
	Post-Experiment	241.40	2.604		

Table 5 shows the mean difference between pre-test and post-test intervention group participants in all the 12 dimensions of the adolescent coping strategies. The paired sample t-tests were conducted against the null hypothesis, H(o): There is no significant difference between the adolescent coping strategies of participants before and after the intervention; and alternative hypothesis, H(a): There is a significant difference between the adolescent coping strategies of participants before and after the intervention. The

test results shows that there is significant difference in all the twelve dimensions, and overall adolescent coping strategies before the intervention (M= 114.55, SD = 9.093) post-intervention (M= 241.40, SD = 2.604) conditions, $t(19) = 6.212$, $p < 0.0005$. The p value obtained was <0.05 for all the twelve dimensions of adolescent coping strategies. Therefore, the null hypothesis was rejected and the alternative hypothesis was accepted.

Table 6

Mean difference between pre-test and post-test, follow-up I and II of experiment group participants in the measure of psychological well-being.

Psychological well-being		**Mean**	**Std**	***t***	***p***
Psychological well-being	Pre-test	87.95	9.406	60.219	.000
	Post-test	231.05	4.224		
	Follow-up I	223.30	3.895	60.907	
	Follow-up II	219.40	7.883	50.754	

Table 6 shows the mean difference between pre-test and post-test, follow-up I and II of the intervention group participants of psychological well-being. The test results show that there is significant difference in the psychological well-being of the pre-test (M= 87.95, SD = 9.406) post-test I (M= 231.05, SD = 4.224) conditions, $t(19) = 60.219$, $p < 0.0005$; post-test II (M= 223.30, SD = 3.895) conditions, $t(19) = 60.907$, $p < 0.0005$; post-test III (M= 219.40, SD = 7.883) conditions, $t(19) = 50.754$, $p < 0.0005$. The results of the pre and post-intervention test and two follow up tests shows that there is a significant difference in the psychological wellbeing of the participants. The follow up mean score of the study after 3 months and six months were conducted and the results showed that there is a slight decrease in the mean score in each follow-up test. This indicates that regular booster follows up sessions are required to enhance the adolescent's capacity to cope up with everyday demands and challenges of psychological well-being.

Table 7

Mean difference between pre-test and post-test, follow-up I and II and of the experiment group participants in the measure of self-esteem.

Self-esteem		**Mean**	**Std**	***t***	***p***
Self-esteem	Pre-test	13.40	3.691	28.979	
	Post-test	39.20	1.152		.000
	Follow-up I	38.75	1.650	29.192	
	Follow-up II	38.20	1.908	27.405	

Table 7 shows the mean difference between pre-test and post-test, follow-up I and II of the intervention group participants of self-esteem. The test results show that there is significant difference in the self-esteem of the pre-test (M= 13.40, SD = 3.691) post-test I (M= 39.20, SD = 1.152) conditions, $t(19) = 28.979$, $p < 0.0005$; post-test II (M= 38.75, SD = 1.650) conditions, $t(19) = 29.192$, $p < 0.0005$; post-test III (M= 38.20, SD = 1.908) conditions, $t(19) = 27.405$, $p < 0.0005$. The results of the pre and post-intervention test and two follow up tests shows that there is a significant difference in the self-esteem of the participants. The follow up mean score of the study after 3 months and six months were conducted to measure the self-esteem of the participants and the results showed that there is a slight decrease in the mean score in both follow-up tests. This indicates that regular booster follow up sessions are required to enhance the adolescent's self-esteem.

Table 8

Mean difference between pre-test and post-test, follow-up I and II of the intervention group participants in the measure of adolescent coping strategies.

Adolescent coping strategies		**Mean**	**Std**	***t***	***p***
Adolescent coping strategies	Pre-test	114.55	9.093	60.212	
	Post-test	241.40	2.604		.000
	Follow-up I	239.30	3.729	61.853	
	Follow-up II	231.75	7.017	41.871	

Table 8 shows the mean difference between pre-test and post-test, follow-up I and II of the intervention group participants of adolescent coping strategies. The test results show

that there is significant difference in the coping strategies of adolescents in the pre-test (M= 114.55, SD = 9.093) post-test I (M= 241.40, SD = 2.604) conditions, $t(19) = 60.212$, $p < 0.0005$; post-test II (M= 239.30, SD = 3.729) conditions, $t(19) = 61.853$, $p < 0.0005$; post-test III (M= 231.75, SD = 7.017) conditions, $t(19) = 41.871$, $p < 0.0005$. The results of the pre and post-intervention test and two follow up tests shows that there is a significant difference in the coping strategies of the adolescents. The follow up mean score of the study after 3 months and six months were conducted to measure the coping strategies of the participants and the results showed that there is a slight decrease in the mean score in both follow-up tests. This indicates that regular booster follow up sessions are required to enhance the adolescent's coping strategies.

Suggestions

- **Operational tie-ups:** To ensure a smooth implementation of the intervention for disadvantaged adolescents, very formal operational tie-ups with other stakeholders working in the field of children are required. In the Gram Panchayat Development Plan (GPDP), local self-government should pass a policy on providing adequate psychosocial assistance to adolescents. The already functioning *balasabha* should be strengthened with the support of local authorities. With the help of educational institutions, student volunteers/NSS volunteers, and MSW field trainees, a psychosocial intervention with the goal of skill-building and capacity building training can be provided to adolescents.

- **Information sharing bank:** It is necessary to raise awareness among children about their rights as well as the numerous issues that are prevalent in society to protect them from psychosocial issues and to keep them safe from harm. A good network with the new projects and programmes by the central and state governments, such as Kaval, Kaval Plus, ODIC, and CPLI, will be beneficial for the children to raise their understanding about their rights as well as to prevent concerns from arising in the future.

- **Sustained youth support:** The availability of a walk-in community mental health clinic or the provision of community mentoring programmes for children and youth in the community are both urgently needed. It is possible to broaden the scope of these free services by supporting educational institutions as part of the

"adopt a village" campaign of the *Unnat Bharat Abhiyan* programme. Thus, professional counselling and mentoring services can be made available to the community with the assistance of non-governmental organisations (NGOs) and educational institutions in the area.

- **ToT for community animators:** It is necessary to update training manuals regularlyto guarantee that they remain current with the latest advances. A growing number of issues linked to psychosocial components are becoming more common, particularly in today's technologically advanced society. As a result, to solve such challenges, it is necessary to update training manuals as well as the skills of the trainers. Hence, there is a need for conducting ToT for community animators at least once a year

- **Family-focused programs:** Parenting is an important factor in the development of a child. In this digital age, there is a need to provide information about good parenting skills, particularly to parents from low-income families and socio-economically disadvantaged families. Aside from child/adolescent-focused intervention programmes, attention should also be paid to family members. In this regard, to assist parents and children, the agency should conduct family-focused interventions with the assistance of community animators.

- **Policymakers: The school management committee (SMC)** of the government-funded schools shall decide on providing life skill training to the students once in six months with the support of social work trainees. Grama Sabha or Gram Panchayat Development Plan (GPDP) shall decide on the need for skill intervention for the disadvantaged youth in the community and seek the help of students volunteers of higher educational institutions to implement the program.

- **Social work education:** School social workers working in government schools shall look into a family-school collaborative model of school social work. This group work intervention strategy will contribute to the social work knowledge bank, by preventing risk factors associated with children from low-income/disadvantaged families.

- **Social work research:** More research shall have done to assess how these new normalities of COVID scenario and post COVID life affect the adolescent's psycho-social well-being. A brief version of the intervention programme needs to be designed and implemented for the parents to find out its effectiveness. Future research shall give more focus on the families of adolescents from disadvantaged sections.

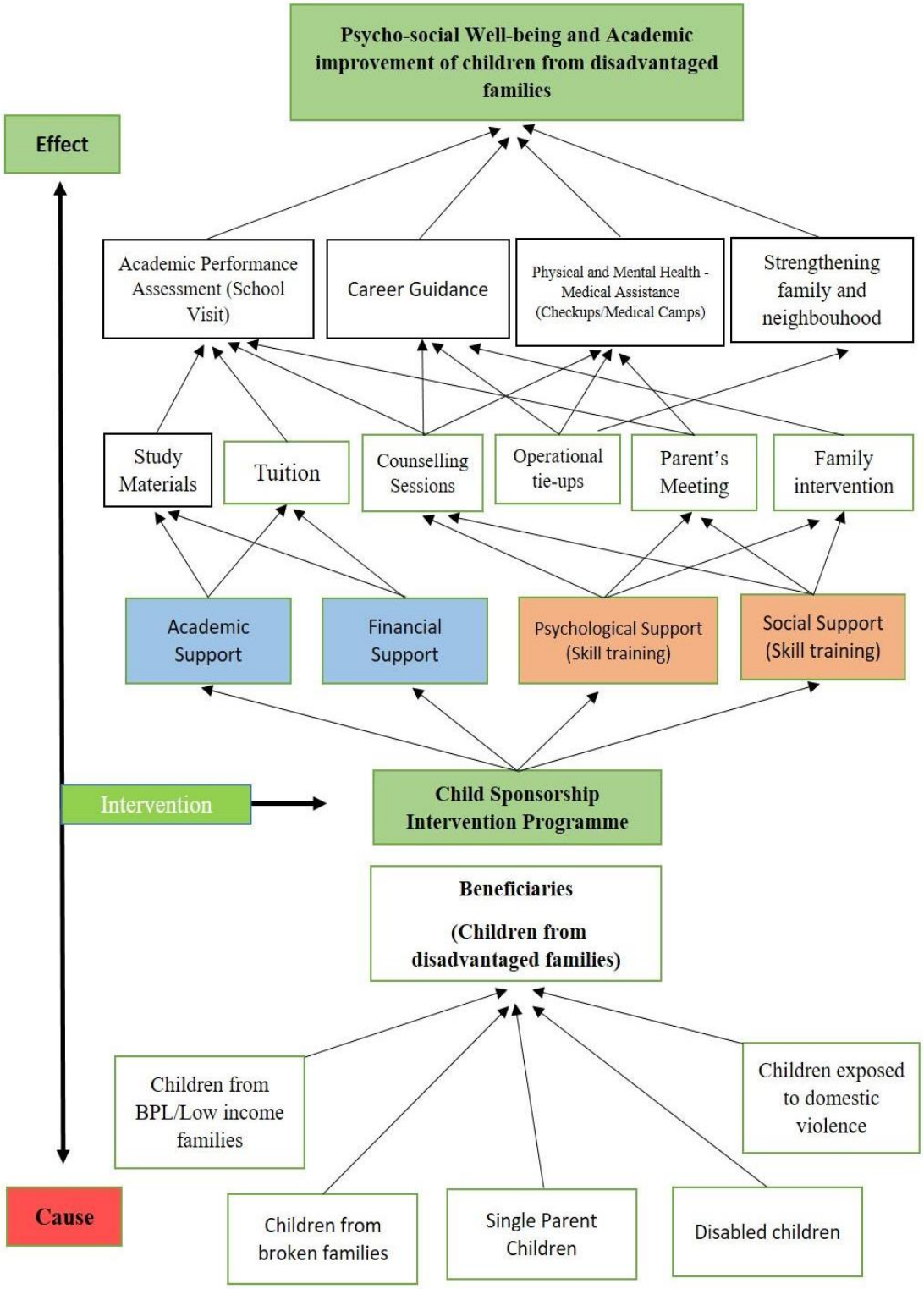
- **Social Work Practice:** School, Community and Family-based programs with an empowerment approach shall be initiated. To better understand the needs of children and issues affecting children from low-income families, stakeholders must engage in "participatory inquiry." Additional to this, a plan for strengthening families and neighbourhoods through the establishment of strong networks and the implementation of short-term intervention programmes is required.

A new model for Child Sponsorship Program

Based on the findings from this study a new model for child sponsorship has developed. Along with financial assistance, the organisation should prioritise the holistic development of the children. In this regard, adding a social group work intervention to provide psychosocial support to children from low-income families enrolled in scholarship programmes will be beneficial. As a result, this form of social work intervention enhances the children's family environment, school (academic environment), and community environment, so enhancing their psychosocial well-being and reducing their risk of developing psychosocial problems.

Figure 8

A new model for child sponsorship program



Conclusion

Following an investigation of the existing child sponsorship programme and an evaluation of the results of the current intervention study, the researcher concluded that a psychosocial intervention programme for children participating in sponsorship programmes was required. It is also vital to provide specialised training for social workers and community animators who work with adolescents to increase their effectiveness. It will be easier to improve the environment of adolescents if the psychosocial intervention for skill building is coordinated with other stakeholders, such as school, family, and the wider community. Most importantly, this study discovered that social group work can be quite beneficial in resolving adolescent psychosocial problems and promoting adolescent psychosocial wellbeing. This social group work intervention will be especially beneficial in the post-covid scenario when the circumstances of families from low-socioeconomic backgrounds are particularly difficult to manage.

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APPENDIX A

QUESTIONNAIRE

Socio-Demographic Profile

1.	Age -					
2.	Gender	Male		Female		
3.	Class -					
4.	School	Government School		Private School		
5.	Religion	Christian	Hindu	Muslim	Others	
6.	Caste	SC	ST	OBC	General	
7.	Marital status of parents	Married	Unmarried	Divorced	Separated	Widow
8.	Educational qualification of father	Illiterate	Primary	Secondary	Higher secondary	Graduate	PG
9.	Educational qualification of mother	Illiterate	Primary	Secondary	Higher secondary	Graduate	PG
10.	Type of family	Joint family	Nuclear family			
11.	Financial status	APL	BPL			
12.	Do you have a sponsorship membership?	Yes	No			

Ryff's Psychological Well-Being Scales (PWB)

Please indicate your degree of agreement (using a score ranging from 1 - 6) to the following sentences:		Strongly Disagree			Strongly Agree		
1.	I am not afraid to voice my opinions, even when they are in opposition to the opinions of most people.	1	2	3	4	5	6
2.	In general, I feel I am in charge of the situation in which I live.	1	2	3	4	5	6
3.	I am not interested in activities that will expand my horizons.	1	2	3	4	5	6
4.	Most people see me as loving and affectionate	1	2	3	4	5	6
5.	I live life one day at a time and don't think about the future	1	2	3	4	5	6
6.	When I look at the story of my life, I am pleased with how things have turned out	1	2	3	4	5	6
7.	My decisions are not usually influenced by what everyone else is doing.	1	2	3	4	5	6

8.	The demands of everyday life often get me down	1	2	3	4	5	6
9.	I think it is important to have new experiences that challenge how you think about yourself and the world	1	2	3	4	5	6
10.	Maintaining close relationships has been difficult and frustrating for me.	1	2	3	4	5	6
11.	I have a sense of direction and purpose in life.	1	2	3	4	5	6
12.	In general, I feel confident and positive about myself	1	2	3	4	5	6
13.	I tend to worry about what other people think of me.	1	2	3	4	5	6
14.	I do not fit very well with the people and the community around me.	1	2	3	4	5	6
15.	When I think about it, I haven't improved much as a person over the years.	1	2	3	4	5	6
16.	I often feel lonely because I have few close friends with whom to share my concerns.	1	2	3	4	5	6
17.	My daily activities often seem trivial and unimportant to me.	1	2	3	4	5	6
18.	I feel like many of the people I know have gotten more out of life than I have.	1	2	3	4	5	6
19.	I tend to be influenced by people with strong opinions.	1	2	3	4	5	6
20.	I am quite good at managing the many responsibilities of my daily life.	1	2	3	4	5	6
21.	I have a sense that I have developed a lot as a person over time	1	2	3	4	5	6
22.	I enjoy personal and mutual conversations with family members or friends.	1	2	3	4	5	6
23.	I don't have a good sense of what it is I'm trying to accomplish in life.	1	2	3	4	5	6
24.	I like most aspects of my personality.	1	2	3	4	5	6
25.	I have confidence in my opinions, even if they are contrary to the consensus.	1	2	3	4	5	6
26.	I often feel overwhelmed by my responsibilities	1	2	3	4	5	6
27.	I do not enjoy being in new situations that require me to change my old familiar ways of doing things	1	2	3	4	5	6
28.	People would describe me as a giving person, willing to share my time with others.	1	2	3	4	5	6
29.	I enjoy making plans for the future and working to make them a reality.	1	2	3	4	5	6
30.	In many ways, I feel disappointed about my achievements in life.	1	2	3	4	5	6

31.	It’s difficult for me to voice my own opinions on controversial matters	1	2	3	4	5	6
32.	I have difficulty arranging my life in a way that is satisfying to me	1	2	3	4	5	6
33.	For me, life has been a continuous process of learning, changing and growth	1	2	3	4	5	6
34.	I have not experienced many warm and trusting relationships with others.	1	2	3	4	5	6
35.	Some people wonder aimlessly through life, but I am not one of them.	1	2	3	4	5	6
36.	My attitude about myself is probably not as positive as most people feel about themselves.	1	2	3	4	5	6
37.	I judge myself by what I think is important, not by the values of what others think is important	1	2	3	4	5	6
38.	I have been able to build a home and a lifestyle for myself that is much to my liking.	1	2	3	4	5	6
39.	I gave up trying to make big improvements or changes in my life a long time ago	1	2	3	4	5	6
40.	I know that I can trust my friends, and they know they can trust me.	1	2	3	4	5	6
41.	I sometimes feel as if I’ve done all there is to do in life	1	2	3	4	5	6
42.	When I compare myself to friends and acquaintances, it makes me feel good about who I am.	1	2	3	4	5	6

Rosenberg Self-esteem Scale

1.	On the whole, I am satisfied with myself.	Strongly Agree	Agree	Disagree	Strongly Disagree
2.	At times I think I am no good at all.	1	2	3	4
3.	I feel that I have several good qualities.	1	2	3	4
4.	I can do things as well as most other people.	1	2	3	4
5.	I feel I do not have much to be proud of.	1	2	3	4
6.	I certainly feel useless at times.	1	2	3	4
7.	I feel that I'm a person of worth, at least on an equal plane with others.	1	2	3	4
8.	I wish I could have more respect for myself.	1	2	3	4

9.	All in all, I am inclined to feel that I am a failure.	1	2	3	4
10.	I take a positive attitude toward myself.	1	2	3	4

A-COPE – Adolescent Coping Orientation for Problem Experiences

	When you face difficulties or feel tense, how often do you:	Never	Hardly Ever	Sometimes	Often	Most of the times
1.	Go along with parents' requests and rules	1	2	3	4	5
2.	Read	1	2	3	4	5
3.	Try to be funny and make light of it all	1	2	3	4	5
4.	Apologize to people	1	2	3	4	5
5.	Listen to music-stereo, radio, etc.	1	2	3	4	5
6.	Talk to a teacher or counsellor at school about what bothers you	1	2	3	4	5
7.	Eat food	1	2	3	4	5
8.	Try to stay away from home as much as possible	1	2	3	4	5
9.	Use drugs prescribed by a doctor	1	2	3	4	5
10.	Get more involved in activities at school	1	2	3	4	5
11.	Go shopping; buy things you like	1	2	3	4	5
12.	Try to reason with parents and talk things out; compromise	1	2	3	4	5
13.	Try to improve yourself (get the body in shape, get better grades, etc.)	1	2	3	4	5
14.	Cry	1	2	3	4	5
15.	Try to think of the good things in your life	1	2	3	4	5
16.	Be with a boyfriend or girlfriend	1	2	3	4	5
17.	Ride around in the car	1	2	3	4	5

18.	Say nice things to others	1	2	3	4	5
19.	Get angry and yell at people	1	2	3	4	5
20.	Joke and keep a sense of humour	1	2	3	4	5
21.	Talk to a minister/priest/rabbi	1	2	3	4	5
22.	Let off steam by complaining to family members	1	2	3	4	5
23.	Go to church	1	2	3	4	5
24.	Use drugs (not prescribed by a doctor)	1	2	3	4	5
25.	Organize your life and what you have to do	1	2	3	4	5
26.	Swear	1	2	3	4	5
27.	Work hard on schoolwork or other school projects	1	2	3	4	5
28.	Blame others for what's going wrong	1	2	3	4	5
29.	Be close with someone you care about	1	2	3	4	5
30.	Try to help other people solve their problems	1	2	3	4	5
31.	Talk to your mother about what bothers you	1	2	3	4	5
32.	Try, on your own, to figure out how to deal with your problems or tension	1	2	3	4	5
33.	Work on a hobby you have (sewing, model building, etc.)	1	2	3	4	5
34.	Get professional counselling (not from a school teacher or school counsellor)	1	2	3	4	5
35.	Try to keep up friendships or make new friends	1	2	3	4	5
36.	Tell yourself the problem is not important	1	2	3	4	5
37.	Go to a movie	1	2	3	4	5
38.	Daydream about how you would like things to be	1	2	3	4	5
39.	Talk to a brother or sister about how you feel	1	2	3	4	5

40.	Get a job or work harder at one	1	2	3	4	5
41.	Do things with your family	1	2	3	4	5
42.	Smoke	1	2	3	4	5
43.	Watch T.V.	1	2	3	4	5
44.	Pray	1	2	3	4	5
45.	Try to see the good things in a difficult situation	1	2	3	4	5
46.	Drink beer, wine, liquor	1	2	3	4	5
47.	Try to make your own decisions	1	2	3	4	5
48.	Sleep	1	2	3	4	5
49.	Say mean things to people; be sarcastic	1	2	3	4	5
50.	Talk to your father about what bothers you	1	2	3	4	5
51.	Let off steam by complaining to your friends	1	2	3	4	5
52.	Talk to a friend about how you feel	1	2	3	4	5
53.	Play video games (Space Invaders, Pac-Man) pool, pinball, etc.	1	2	3	4	5
54.	Do strenuous physical activity (jogging, biking, etc.)	1	2	3	4	5

APPENDIX B

INFORMATION FOR THE PARTICIPANT AND INFORMED CONSENT FORM

I, Shinto Joseph, a PhD Scholar from CHRIST (Deemed to be University) is doing a Ph. D on the topic "Psycho-social well-being of adolescents: A social group work intervention" for the partial fulfilment of the PhD degree at CHRIST (Deemed to be University) Bengaluru, under the guidance of Sheeja Remani B Karalam, PhD, CHRIST (Deemed to be University), Bengaluru.

Children from disadvantaged families and low-income families are substantially more likely to report psychological, social, emotional and academic stress and exert a negative effect on child psychosocial and emotional development. This group work intervention study will look into the various risk factors and supportive factors contributing to the positive or negative growth and development of children. This research will look from the practice perspective where the focus is on providing psycho-social interventions designed to address the adverse social determinants and behavioural problems of the children. This approach will help them to prepare for better adulthood and will have long-term effects on health and psychosocial well-being. The finding of this study will help me to devise a social group work intervention for enhancing the psycho-social well-being of adolescents from low-income families. During this group work intervention with you, I shall provide you with a questionnaire that has statements that are related to your life situation and you can use the Likert type scoring method to answer the same. The questions asked in the questionnaire has been adapted from similar studies done abroad and in India will not cause any physical/psychological harm.

All the information collected will be used purely for academic purposes and maintained confidential. Your participation in this study is voluntary and you can enquire all details before your written consent to participate in the study. Hence I request you to participate and provide the required information for the study. If you have questions at any time about the study you can contact me at the below-given address.

Contact details:
Shinto Joseph
Research Scholar
CHRIST (Deemed to be University), Bengaluru
E-mail: shinto.joseph@res.christuniversity.in

CONSENT ACKNOWLEDGEMENT BY THE PARTICIPANT

Study Title: Psycho-social well-being of adolescents: A social group work intervention.

I have been explained in the language best understood by me regarding the purpose of the study and I agree voluntarily to participate in this study. I have been given more opportunities to know more details of the study. I understand that I can withdraw from the study at any time without giving any reason. I have also received a copy of the form.

Name of the Participant:

Signature of the Participant:

Date:

Name of the Principal Investigator:

Signature of the Principal Investigator:

Date:

INFORMED CONSENT FORM FOR CHILDREN'S PARENTS

I, Shinto Joseph, a PhD Scholar from CHRIST (Deemed to be University) is doing a Ph. D on the topic “Psycho-social well-being of adolescents: A social group work intervention” for the partial fulfilment of the PhD degree at CHRIST (Deemed to be University) Bengaluru, under the guidance of Sheeja Remani B Karalam, PhD, CHRIST (Deemed to be University), Bengaluru.

I am currently conducting a study to explore the effectiveness of using a group work intervention to improve adolescent psychosocial well-being. If you agree to your child participating in this study, he or she will attend 20 group work intervention sessions with the research scholar, a professional social worker. Your child will be given one questionnaire to complete in approximately 60 minutes. Following the intervention, the child will be asked to complete the same questionnaires in two follow-up tests at three-month intervals.

Participation in the study is entirely voluntary, and you or your child may withdraw at any time without showing any reason. All information provided is kept strictly confidential.

If you have any questions, please do not hesitate to contact me. If you agree to your child's participation, please sign and return it to the professional social worker.

Name of the Parent:

Signature of the Parent:

Date:

Contact details:
Shinto Joseph
Research Scholar.
CHRIST (Deemed to be University), Bengaluru
E-mail: shinto.joseph@res.christuniversity.in

APPENDIX C

INTERVENTION SCHEDULE

Intervention Schedule					
No & Theme	Duration	Activity	Content	Resource persons	Anticipated Outcome
1	1 hrs	Group games	Self-introduction	Researcher/ Community animator	Group familiarity Group formation
2	1 hrs	Pre-test	Intervention plan Ethical aspects Questionnaire	Researcher/ Community animator	Measure psychological well-being
3	1 hrs	Assigning roles, group games	Objectives and norms of the group	Researcher/ Community animator	Orientation to the purpose of the program, Reducing anxiety
4	1 hrs	Self-portrait activity	Johari window 4 segments of interaction	Researcher	Self-awareness
5	1 hrs	Showcasing talents Individual sharing	Self-respect, Positive attitude	Researcher/ Social worker Community animator	Self-respect and self-esteem
6	1 hrs	Knowing successful personalities	Successful people who struggled through school	Social worker	Self-confidence
7	1 hrs	Group interaction Group games Group discussion	Posing questions Imagining possibilities & alternatives	Researcher/Soft skill trainer Community animator	Critical thinking and Rationalizing skills
8	1 hrs	Group interaction Group discussion	Think win/win Problem-solving	Researcher/Soft skill trainer	Creative thinking and Rationalizing skills
9	1 hrs	Group games Sharing hindrances	SWOC analysis Hierarchy of needs	Researcher/ Social worker Community animator	Autonomy Personal growth

10	1 hrs	Sharing expectations & hindrance in life	Common decision-making methods Consensus	Researcher/ Social worker	Problem-solving Decision making
11	1 hrs	Group games Individual sharing Success stories of PWD	Goal setting Dreams to reality	Researcher/Soft skill trainer Community animator	Sense of purpose and Direction
12	1 hrs	Group games Group discussion	Emotional quotient, Correlates of emotions and stress	Researcher/Soft skill trainer	Coping with stress and coping with emotions
13	1 hrs	Campus tour Individual sharing	Eco-friendly environment	Researcher/ Community animator	Protection of environment
14	1 hrs	Individual sharing	Risk factors in the family	Researcher	Well-being
15	1 hrs	Group activity Individual sharing	Interpersonal relationship Formal and informal relationship	Researcher/ Social worker Community animator	Adaptation skills
16	1 hrs	Group activity Individual sharing	Adaptation skill Personal need and values, Empathy	Researcher/ Social worker	Environmental mastery
17	1 hrs	2 min talk on the theme	Communication styles, Listening preferences	Researcher/ Social worker Community animator	Communication and listening skills
18	1 hrs	Individual sharing	Types and models of leadership	Researcher/ Social worker	Leadership qualities
19	1 hrs	Recapitulation of sessions Personal assessment Post-test Winding-up	Acknowledging and stabilizing the gains of intervention	Researcher/ Community animator	New insights and new learnings from intervention
20	1 hrs	Post-test	Self-assessment Winding-up	Researcher/ Community animator	New insights and new learnings

APPENDIX D

ETHICS COMMITTEE APPROVAL

CHRIST
(DEEMED TO BE UNIVERSITY)
BANGALORE · INDIA

CENTRE FOR RESEARCH

CU:RCEC/00037/1/19 9 JANUARY 2019

Mr. SHINTO JOSEPH
Reg No. :1730087,
Department of SOCIOLOGY AND SOCIAL WORK
CHRIST (Deemed to be University), Bengaluru

Sub: Ethical Approval of the Study Titled "PSYCHOSOCIAL WELL-BEING OF ADOLESCENTS:A SOCIAL GROUP WORK INTERVENTION".

The Institutional Ethics committee has reviewed your application for ethical clearance for the Study titled "PSYCHOSOCIAL WELL-BEING OF ADOLESCENTS:A SOCIAL GROUP WORK INTERVENTION".

The committee has cleared your proposal for data collection after assessing the ethical aspects.

Sincerely,

Dr Tony Sam George
(Member Secretary to Ethics Committee)
Additional Director
Center for Research
CHRIST (Deemed to be University), Bengaluru

APPENDIX E

AGENCY APPROVAL FOR THE CONDUCT OF INTERVENTION

RAJAGIRI outREACH

Rajagiri Educational Alternatives and
Community Health (outREACH) Service Society
Rajagiri College of Social Sciences (Autonomous)

Rajagiri P.O., Kalamassery - 683 104, Kerala, India, Ph: +91 484 2911330-332, 2550785
Telefax: +91 484 2532862, E-mail: rossrajagiri@gmail.com / outreach@rajagiri.edu website: www.rajagirioutreach.in

RCSS

02 January 2019
Kalamassery

Mr. Shinto Joseph
Register No.: 1730087,
Department of SOCIOLOGY AND SOCIAL WORK
CHRIST (Deemed to be University), Bengaluru

Sub: Approval for conducting group work intervention study titled "Psychosocial wellbeing of adolescents: A social group work intervention"

Shinto Joseph, Research Scholar of CHRIST (Deemed to be) University, Bengaluru, has been approved by the Rajagiri outREACH to conduct a social group work intervention study titled "**Psychosocial wellbeing of adolescents: A social group work intervention**" among adolescents who enrolled into child sponsorship program.

Sincerely,

Mrs. Meena Kuruvilla
Project Director
Rajagiri outREACH

RAJAGIRI EDUCATIONAL ALTERNATIVES & COMMUNITY HEALTH (outREACH) SERVICE SOCIETY
RAJAGIRI outREACH
Rajagiri College
Rajagiri P.O.
Kalamassery, Kochi
Pin-683104
Reg. No. Er-157/02

APPENDIX F

PUBLICATION AND CONFERENCE PRESENTATION DETAILS

1. Joseph S & Karalam (2021). Social group work for promoting psychological well-being of adolescents enrolled in sponsorship programs. *F1000Research* 10:520. https://doi.org/10.12688/f1000research.52532.1
2. Joseph S & Karalam (2020). Psycho-social well-being of adolescents from disadvantaged families, *International Journal of Disaster management and business continuity*, 11(1).
   http://sersc.org/journals/index.php/IJDRBC/article/view/29324/16336
3. **International paper presentation:** Presented a paper on "Psychosocial Well-being of Children in India: Issues, Challenges and Responses" at the University of Maryland, Baltimore, USA on July 10, 2019.
4. **International paper presentation:** Presented a paper on "Effectiveness of life-skill intervention on the well-being of youth: an intervention study on marginalized youth in Kerala" in the ASASWEI International Social Work Conference, South Africa, held on 1st October 2021
5. **National paper presentation:** Presented a paper on "Pandemic induced online education and mental stress among children" at DYUTI National Conference on "response to COVID 19 Pandemic: Social Work engagements and challenges" at Rajagiri College of Social Sciences (Autonomous), Kalamasseryheld on 25th and 26th February 2021
6. **National paper presentation:** Presented a paper on "Parental support and behavioural problems in Adolescence" at Don Bosco College, Wayanad held on on 31st January 2020.